

F22000005480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

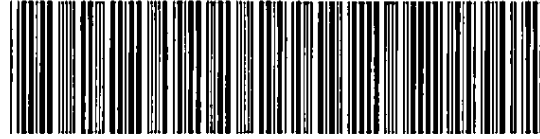
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 29 AM 11:23

S. FRANKLIN


AUG 29 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 909117 8038656

AUTHORIZATION



COST LIMIT : \$ 70.00

ORDER DATE : August 25, 2022

ORDER TIME : 4:53 PM

ORDER NO. : 909117-030

CUSTOMER NO: 8038656

FOREIGN FILINGS

NAME: SURVIEW FIELD SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

2022 . 26 PM 3:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surview Field Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Magnolia River Services, Inc.

Firm/Company

711 Nance Ford Rd. SW, Suite E

Address

Hartselle, AL 35640

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

2021
25
P.O. Box 6327

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Surview Field Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/03/2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 408 Bank Street NE, Decatur, AL 35601
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2022-11-26 PM 3:40

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company Eyleina Bahor
By: Assistant Vice President
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: J. Heath McCleskey
 Vice Chairman Address: 408 Bank Street NE
 Director Decatur, AL 35601
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Chantelle Miner
 Vice Chairman Address: 408 Bank Street NE
 Director Decatur, AL 35601
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Nathan Sills
 Vice Chairman Address: 408 Bank Street NE
 Director Decatur, AL 35601
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Dan Strong
 Vice Chairman Address: 1030 2nd Street, S. Suite 201
 Director Jacksonville Beach, FL 32250
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Steven Wacaster
 Vice Chairman Address: 1030 2nd Street, S. Suite 201
 Director Jacksonville Beach, FL 32250
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michael Ouyang
 Vice Chairman Address: 1030 2nd Street, S. Suite 201
 Director Jacksonville Beach, FL 32250
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. J. Heath McCleskey, President
(Typed or printed name and capacity of person signing application)

ATTACHMENT
Survivew Field Services, Inc.

11A. Additional Corporation Director:

Name:

Business Address:

Carl Johnson
Director

1030 2nd Street S., Suite 201, Jacksonville Beach, FL 32250

2022 / 26 Fri 3:10

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Survivew Field Services, Inc. was formed in Alabama, Alabama on November 3, 2020. The Alabama Entity Identification number for this entity is 000-814080. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

2022 ... 26 11:3:10

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



08/26/2022

Date

20220826000027798

John H. Merrill

Secretary of State